|  |  |                     |                  |  |                    | Application or Docket Number |                |                 |               |                     |                 |
|--|--|---------------------|------------------|--|--------------------|------------------------------|----------------|-----------------|---------------|---------------------|-----------------|
| PATENT APPLICATION FEE DETERMINATION RECO  |  |                     |                  |  |                    |                              |                | 101             |               | 200                 | <b>-</b> /      |
| Effective November 10, 1998  |  |                     |                  |  |                    |                              |                | 04]             | 40            | 33,8                | 50              |
| CLAIMS AS FILED - PART I   |  |                     |                  |  |                    |                              | LLΕ            | NTITY           |               | OTHER               | THAN            |
|  |  |                     | (Column 1)       |  | (Column 2)         |                              | E              |                 | OR            | SMALL               |                 |
| FO   | R .  | NUMB                | NUMBER FILED NUM |  | MBER EXTRA         |                              | E              | FEE             |               | RATE                | FEE             |
| ВА   | SIC FEE  | 4.34                |                  |  | 200                | 380.                         |                | 380.00          | OR            |                     | 760.00          |
| ξΟ   | TAL CLAIMS                                     | 33                  | 35 minus 20= •   |  | 15                 |                              | =              |                 | OR            | X\$18=              | 234             |
| IND  | EPENDENT CL                                    | AIMS 7              | 7/ minus 3 =     |  |                    |                              | X39=           |                 | OR            | X78=                |                 |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                     |                  |  |                    |                              | ) <del>=</del> |                 | OR            | +260=               |                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                     |                  |  |                    |                              |                |                 | OR            | TOTAL               | 4511            |
| CLAIMS AS AMENDED - PART II  |  |                     |                  |  |                    |                              | _ (            |                 | <b>J</b> O. ( | OTHER               | THAN            |
| (Column 1) (Column 2) (Column 3)   |  |                     |                  |  |                    |                              | LL E           | NTITY           | OR            | SMALL               |                 |
| A  |  | CLAIMS<br>REMAINING |                  | HIGHEST<br>NUMBER                          | PRESENT            |                              | T              | ADDI-           |               |                     | ADDI-           |
| AMENDMENT /  |  | AFTER               |                  | PREVIOUSLY<br>PAID FOR                     | EXTRA              | RATI                         |                | TIONAL FEE      |               | RATE                | TIONAL<br>FEE   |
|  | Total  | * 33                | Minus            | * 26)                                      | = 13               | X\$ 9                        |                |                 | OR            | <b>3</b> X\$18=     | 234.0           |
|  | Independent                                    | . 3                 | Minus            | *** 3                                      | -                  | X39                          |                |                 | OR            | X78=                | 1               |
| ٧  | FIRST PRESE                                    | NTATION OF N        | IULTIPLE DEPI    | ENDENT CLAIM                               |                    |                              | 1              |                 |               | .000                | /               |
|  |  |                     |                  |  |                    | +130                         |                |                 | OR            | +260=               |                 |
|  |  |                     |                  |  | •                  | ADDIT. F                     |                |                 | OR            | . TOTALS            | 9990            |
|  |  | (Column 1)          |                  | (Column 2)                                 | (Column 3)         |                              | 3              | +               |               |                     |                 |
| AMENDMENTB   |  | CLAIMS<br>REMAINING |                  | HIGHEST<br>NUMBER                          | PRESENT            |                              | 9              | ADDI-<br>TIONAL |               | DATE                | ADDI-<br>TIONAL |
|  |  | AFTER<br>AMENDMENT  |                  | PREVIOUSLY PAID FOR.                       | EXTRA              | RATE                         | <u>-</u>       | FEE             |               | RATE                | FEE             |
|  | Total  | • 33                | Minus            | <b>**</b> 33                               | =                  | X\$ 9                        | =              |                 | OR            | X\$18=              |                 |
|  | independent                                    | •                   | Minus            | *** 2                                      | ٠                  | X39=                         | _              |                 | OR            | X78=                |                 |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                     |                  |  |                    |                              | 寸              |                 |               |                     |                 |
|  |  |                     |                  |  |                    | +130                         | //L.           | <u></u>         | OR            | +260=               |                 |
|  |  |                     |                  |  |                    | ADDIT. F                     | EE             |                 | OR            | TOTAL<br>ADDIT. FEE |                 |
| (Column 1) (Column 2) (Column 3)   |  |                     |                  |  |                    | 3<br>3                       | 37             |                 |               |                     |                 |
| AMENDMENT C  |  | CLAIMS<br>REMAINING |                  | HIGHEST<br>NUMBER                          | PRESENT            |                              |                | ADDI-           |               |                     | ADDI-           |
|  |  | AFTER<br>AMENDMENT  |                  | PREVIOUSLY PAID FOR                        | EXTRA              | RATE                         | E              | TIONAL<br>FEE   |               | RATE                | TIONAL<br>FEE   |
|  | Total  | *                   | Minus            | **   | g g                | X\$ 9                        | =              |                 | OR            | X\$18=              |                 |
|  | Independent                                    | *                   | Minus            | ***  | =                  | X39=                         |                |                 |               | X78=                |                 |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                     |                  |  |                    |                              |                | ;               | OR            | <del></del>         |                 |
|  |  |                     |                  |  | o                  | +130                         | 441            | 18<br>2         | OR            | +260=               |                 |
| **   | If the "Highest Nu                             | mber Previously     | Paid For IN THIS | nn 2, write "0" in co<br>SPACE is less the | in 20, enter "20." | TOY<br>ADDIT. F              |                |                 | OR            | TOTAL<br>ADDIT: FEE |                 |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                     |                  |  |                    |                              |                |                 |               |                     |                 |

1.3